

ono
OPTICAL
2665 Pomona Blvd
Pomona, CA 91768
Tel (909) 464-1818
Fax (909) 464-1787
info@onooptical.com

Credit Terms Application

Company Information

Company Name: _____

Company Address: _____

City _____ State _____ Zip _____

Key Contact Person: _____ Accounts Payable Contact Person: _____

Telephone Number () _____ Fax Number () _____

Federal Tax ID / EIN: _____

Banking Information

Bank: _____ Branch: _____ Acct #: _____

Address: _____

City _____ State _____ Zip Code _____ Phone _____

Credit References

Company Name _____ Company Name _____ Company Name _____

Contact Name _____ Contact Name _____ Contact Name _____

Address _____ Address _____ Address _____

City _____ City _____ City _____

State _____ Zip _____ State _____ Zip _____ State _____ Zip _____

Telephone # () _____ Telephone # () _____ Telephone # () _____

Fax # () _____ Fax # () _____ Fax # () _____

The undersigned affirms that the above credit information is true and correct and is given for the extension of credit by Southern Group Ent. DBA OnO Optical Company. I/We agree to pay the late charges on any unpaid account after payment terms of 30 days at the rate of 1.5% per month or the highest rate allowed by law. Should the account be placed for collection, the undersigned agree to pay all actual collection costs and attorney's fees. Los Angeles County court will be court of venue. I hereby authorize the release of information to obtain credit with Southern Group Enterprise DBA OnO Optical Co.

Name _____ Signature _____ Title _____ Date _____

Name _____ Signature _____ Title _____ Date _____

Privacy Statement: The above information provided is for Southern Group Ent. DBA OnO Optical Co use only and will be kept confidential at all times.